## SUMMER CAMP REGISTRATION FORM



1, CAMPER INFORMATION Incomplete forms will not be processed. Please print legibly and fill in all fields. Name \_\_\_ First Preferred First Name for Name tag Last Female \_\_\_\_\_ Male \_\_\_\_ Birthday \_\_\_/\_\_/ Age \_\_\_\_ Grade Entering Fall 2023 \_\_\_\_\_ Address \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_ Parent/Guardian 1 Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_ Parent/Guardian 1 Email Parent/Guardian 2 Name Cell Phone Work Phone Parent/Guardian 2 Email \_\_\_\_\_ Church City \_\_\_\_\_ Church Name My Church Can Know I Have Registered (Circle One). YES NO (leave blank if you do not attend church) Roommate Request: (one camper request) First, Last Name ROOMMATE REQUEST: Glen Lake will attempt to fulfill 1 roommate request per camper. List the name of 1 camper roommate request. This is NOT a guarantee for cabin assignments. \*\*IF REGISTERING FOR ELEMENTARY PLEASE NOTE: Glen Lake strives to do our very best to accommodate your roommate requests. In an effort to make the most of our cabin time and small group times, we will only be able to honor roommate requests if the campers are both in 3rd-4th grade or if the campers are both in 5th-6th grade. We will not be able to honor requests to put 5th-6th grade campers with 3rd-4th grade campers. All Trailblazer campers will have time to interact throughout the day during camp. Insurance Company Name Phone Number \_\_\_\_\_ Group/Policy# \_\_\_\_\_ \_\_\_\_\_ Phone Number \_\_\_ Primary Physician How did you hear about Glen Lake Camp? (Circle One) Friend Church Relation Social Media Alumni Featured Speaker Family Billboard Yard Sign Former Staffer Returning camper 2. CAMPER HEALTH Full disclosure of the following information is requested in order for Glen Lake to offer the safest environment for your child. The information is used with discretion by our health personnel and, if deemed necessary, by the staff members working directly with your child in the cabin. Any medical or behavioral conditions requiring special conditions/personnel/knowledge, must be discussed personally with the Executive Director prior to registration. Information from parents: My child does NOT have permission to take the following over-the-counter medicines by direction of the camp's designated health personnel. ☐Sudafed/Decongestant ☐Robitussin/Expectorant ☐ Tylenol/ Acetaminophen Advil/ ☐ Ibuprofen ☐Benadryl/Antihistamine ☐ Pepto Bismol ☐Tums/Antacid ☐Swimmer's Ear Solution Has your child experienced or currently experiencing any of the following conditions: Please list reason below: □ ADD/ADHD ☐ Homesickness ☐ Head Lice ☐ Asthma Menstrual concerns ☐ Bed Wetting ☐ Behavioral issues Mental Health concerns ☐ Depression Other ☐ Ear Infections Stomach problems/Diarrhea/Constipation ☐ Hayfever

| 2. CAMPER HEALTH CONTINUED  | #  |   |
|---|--|---|
| Allergic to:☐ Penicillin ☐ Aspirin ☐Bee/Ant Stings☐Other<br>Type of Reaction:   |  |   |
| Does your child require an EpiPen? Yes No.  Does your child have any dietary restrictions? Yes  | No   | If yes, please explain  |
| Has your child been exposed to a communicable disease in the explain  |  |   |
| Does your child have any restrictions on activities? Yes  | No   | If yes, please explain  |
| Will your child require any special assistance while at camp?   | Yes  | No If yes, please explain   |
| Shot Records Current as per camper's local school district:  Date of most recent Tetanus immunization   | Yes  | No<br>  |
| 3. MEDICATION   |  |   |
| Please list medicine, dosage, and time to administer. State law requires must be in the original container(s) and only have the necessary dosage for  |  |   |
| 4. EMERGENCY CONTACT (OUTSIDE OF HOUSEHOLD)   |  |   |
| Name First Last  Home Phone Work Phone  |  | Cell Phone  |
| 5. STATEMENT OF TREATMENT/MEDICAL RELEASE   |  |   |
| In case of needed emergency medical treatment, I hereby give permit Camp & Retreat Center (Glen Lake Camp) or his/her designee to see and all other medical facilities providing treatment to release pertinent notification. I recognize the natural risks of injury or disability inherent hereby assume the risk of injury that could result from these activities release Glen Lake Camp, Wyatt Family Partnership, William and Win and the employees and volunteers of all such entities from liability for permission for my child's photo(s) to be utilized at the discretion of Gl-However, I understand no name will be used with the photographs. | cure treatre<br>at informat<br>t in my chi<br>s not exclu<br>nnie Wyatt<br>r injury to | nent for my child. I further authorize Glen Rose Medical Center ion to Glen Lake Camp staff for the purpose of parental/guardian ld's participation in Glen Lake Camp's recreation program, and uding waterfront, water park, zipline and rock climbing wall. I, the Central Texas Conference of the United Methodist Church my child from participation in these and other programs. I give my |
|   |  | Signature of Parent/Guardian  |

| MARK | CAMP       | GRADE         | DATE       | PRICE    |
|------|------------|---------------|------------|----------|
|      | Trek       | 1, 2, 3 grade | July 5-7   | \$200.00 |
|      | Elementary | 3,4,5,6 grade | June 18-23 | \$475.00 |
|      | Elementary | 3,4,5,6 grade | June 25-30 | \$475.00 |
|      | Elementary | 3,4,5,6 grade | July 16-21 | \$475.00 |
|      | Elementary | 3,4,5,6 grade | July 23-28 | \$475.00 |

| MARK | САМР        | GRADE               | DATE       | PRICE    |
|------|-------------|---------------------|------------|----------|
|      | Junior High | 1,2, 3 grade        | June 18-23 | \$475.00 |
|      | Junior High | 6,7,8 grade         | June 25-30 | \$475.00 |
|      | Junior High | 6,7,8 grade         | July 9-14  | \$475.00 |
|      | Junior High | 7,8 grade           | July 16-21 | \$475.00 |
|      | High School | 9,10,11,12,13 grade | July 9-14  | \$475.00 |

|  | Please Note: Camp choice should be for                | the grade the camper will be starting in the Fall of 2023.                                    |              |  |
|--|---|---|--------------|--|
|  |   |   |              |  |
| PAYN   | MENT WORKSHEET  |   |              |  |
| Weekl  | Pricing ong Camp • \$475.00 Camp • \$200.00           | Payment Types:  Cash \$  Personal Check \$  |              |  |
| Charg  | je Summary:   | Church Check \$   |              |  |
| Camp<br>Optiona  | Session Amount \$                                     | Credit Card \$ Discover, Mastercard, Visa accepted  |              |  |
| •  | amper Cash Account with Family Camp*                  | A Credit Card Surcharge of 2.5% will be added to your   | total if you |  |
| TOTAL DUE \$  Donate extra money left on my cash card to the   |   | choose to use Credit Card to Pay.  ACH is available at no additional surcharge by calling Cal | -            |  |
| scholarship fund. Cash Cards are cashed out be dismissal. Balances less than \$1.00 will autor be donated.   | dismissal. Balances less than \$1.00 will automatical | Credit Card Information:  Account #   |              |  |
|  |   | CSV# (CSV# is located on the back of y  |              |  |
| Payment Options:<br>\$75.00 deposit is due before March 1st with the remaining balance<br>split into 3 payments due on March 15th, April 15th, and May 15th.<br>Credit cards will automatically be charged unless GLC is notified. |   | Billing Statement Address w/ zip code: nce sth  |              |  |
|  |   | Signature   |              |  |

